

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					10/519787
1 Date of Request: _____		2 Serial/Patent # _____			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
		<input checked="" type="checkbox"/> Filing	1	12/29/04	\$ 100
		<input type="checkbox"/> Amendment			\$
		<input type="checkbox"/> Extension of Time			\$
		<input type="checkbox"/> Notice of Appeal/Appeal			\$
		<input type="checkbox"/> Petition			\$
		<input type="checkbox"/> Issue			\$
		<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
		<input type="checkbox"/> Maintenance			\$
		<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$		
		7 TOTAL AMOUNT OF REFUND		\$ 100	
		8 TO BE REFUNDED BY:			
		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: 50--1165			
10 REASON:					
<input checked="" type="checkbox"/> Overpayment					
<input type="checkbox"/> Duplicate Payment					
<input type="checkbox"/> No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>A Johnson</u>			TITLE: <u>paralegal</u>		
SIGNATURE: <u>[Signature]</u>			PHONE: <u>308-9940</u>		
OFFICE: <u>PPT</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: _____			DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**